SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 10/019479 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. \mathcal{L} OTAL T TAL OTAL

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TOTAL DEP.

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